

ASS. REC. BY:

REF: CS/AIG20010669/T1f3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 5/10/2020 3:45 PM

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SL 3000S Insured: _____

at Workshop m/s Cycle & Carriage Tel: 81680997

of 209 Pandan Gardens

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04.10.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 5-10-20 4.02P.M Person Contacted: KEVIN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SL 3000S-X